more blanks and needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of of importance were as f	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 2 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

				- 1	
	of infor-	ould state	OCCUPA-	1	
)	ten	she	Jo		
	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	REC	Y. PH	Exact		
MARGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.		
M	PE	P E	rly	cate	
OR	SA	tate	rope	rtifi	
H	SI	e st	e p	t ce	
回	THI	q p	yb	k o	
ER	K	houl	ma:	pac	
ESS	Z	E	at it	on s	
24	NG	AG	thi	ions	
Z	ADI	.pe	s, sc	ruct	
AR(N	pplie	erm	inst	
M	T T	sul	in t	See	
	III/	ully	pla	۲.	
	7	aref	H in	rtan	
	E	e c	ATI	npo	
	LAI	ld k	DE	y in	
7	E P	shou	OF	vel	
7	ITI	on	SE	Z is	
. No. 1	-WE	nati	CAL	TION is very important. See instructions on back of certificate.	
No.	B.	-	Ī		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Dalbot	Registration Dist. No. 290
Village or City Lastons	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME / regreetta freque	yest los
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (parie the word)	21. DATE OF DEATH CLASS. 224, 193 (2- (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Aurel F. Cook)	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 20, 29-1958	I last/saw h 1 alive on A 2 2 1936 death is said
7. AGE Years Months Days IFLESS than	to have occurred on the date stated above, at 1130 P.m.
17) 3 24 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- V & Trade, profession, or particular - 0	Data of onest
SAWYER, BOOKKEEPER, etc	Chronic my regiditis
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Della Lensating On year
SAW MILL, BANK, etc	
year) occupation	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) Bally	Langalist arterio
(State or country)	Belevosis 3 yans
13. NAME Hewry Framplone	/
13. NAME Hewing Franciscons 14. BIRTHPLACE (city or town) 1. 1. (State or country)	Name of operation Date of Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME PLACES PARCES	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OUR COOK	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Captille Dete. 470-37, 1931	Nature of injury.
19. UNDERTAKER OLLE SO THERE WAS A STATE OF THE STATE OF	Mes disease or injury In any way related to occupation of deceased?
(naujess)	If so, specify
20. FILED 4 19 5 6 M. A. Registrar.	(Signed) M. D. (Address) English Trush L
Kegurar.	" (Muliosa)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 193	36 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	. S. July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	May 1,1923 Gastroenteritis		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County, Talkot	Registration Dist. No. 2 90
Village or City Gaston Ma.	No. Comergency Hospital St., Ward
	death occurred in a hospidal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
3 FILL NAME /3 (1/2 1/30 /)	a bour
(a) Residence: No. Relevants Wird M.A.	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HER EBY/CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Conil 19- 1936	Hask saw h. Salive on 1 1 - 13 1/60 7, 19 3/6; death is said
7. AGE Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A 1 - 1 13 + 14 211-25
SAWYER, BOOKKEEPER, etc	J. T. Drufvast
work was done as SII K MIII	Allar Dille Partial
SAW MILL, BANK, atc	Detaclement 1x
12. BIRTHPLACE (city or town) 605 TDU 00: upation	Other Contributory Couses of Importance:
(State or country) 66 MERGENCY (OSPITA)	9)
14. BIRTHPLACE (city or town) Oak Made, Ma	
14. BIRTHPLACE (city or town) Dak Whole, INA.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME NATURAL WILL THINK TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) + TTA TIMES 16. BIRTHPLACE (city o	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MIS. NOTHING COMMING.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tetershing, Date 4/30, 1936	Natura of injury
19. UNDERTAKER J. T. Framfolm & Son (Address) Francisco	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 4/29, 1936 M. S. M. Merces. Registrar.	(Signed) (Ardress) Figure abolity.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Example 1		Example II	
eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
s MAY 5 1936	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
es of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	eath and related causes llows: CE IVES	eath and related causes Date of onset Police of Police o	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Tolkof	Registration Dist. No. 290
Village or City Caston - 11 (One	la No. of a St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
n: 01' 11	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Henry	Varditufixoteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Groupanna Sauleby Claric (or) WIFE-of Groupanna Sauleby	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 4, 1938
6. DATE OF BIRTH (month, day, end year) Cur 11-1849	I last saw hard aliva on Aliva S., 1936; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 222 4 m.
86 2 1 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	Main Set to det
9. Industry or business in which work was done, as SILK MILL.	hypertrophied prostate 1933?
SAW MILL, BANK, etc	Chronic interstitial mafferitio 12328
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Office (State or country) Maryland	
13. NAME Thomas Edward Ossis	
13. NAME Thomas Edward Baris 14. BIRTHPLACE (city or town) St. Michaele (State or country)	Name of operation Dete of
(otate of country) - margiana	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sarah arm Cohice 16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Class M., Lians M., Li	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Easton my Date 4/10, 1936	Natura of injury
19. UNDERTAKER DAMES a. Sherre	24. Was disease or injury In any way ralated to occupation of deceased?
(Address Landlan Mid	If so, specify.
26. FILED 4/1/. 19 36 77.5%. News	(Signed) M. D. (Address) Saaton md

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SE LEASI V	= 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributous course of immediate			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4399	
1. PLACE OF DEATH	(100) 75	
County Talkat	Registration Dist. No. 290	
Village or City Caston		Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if or foreign birth?yrsmos	do
3 m a		us.
2. FULL NAME / J. M. Mana Neger	U If U.S. Veteran specify WAR.	
Residence: No. Conduction (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Name of the last
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female White OR DIVORCED (write the word)	(Month) (Day) (Yea	
5a. If married, widowed, or divorced	(Month) (Day) (Yea	
(or) WIFE of Mr. Carl hoaded	March 20 1936 to Cruil 20 19.	- 1
10/6/1801	13.	36.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	I last saw h 20 alive on April 20, 1936; deeth i to have occurred on the date stated above, at 2:35 7 m.	s said
/// I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or-particular	were as follows: Do b M (CODIA) (IM OM 1.0) Date of	onset
kind of work done, as SPINNER, Jouse Work	OSCINICIONOS CINEMICAD 19	250.
A Industry or business in which		
work was done, as SILK MILL, August Nome SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).		
year)	Other Contributor Causes of Importance:	<
12. BIRTHPLACE (city or town)	Lobar preumonia Up	×-17
(State or country)	\\(\begin{align*} \tau_{} & \tau_{	
13. NAME COLDING MARKET		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?_	
15. MAIOEN NAME Adeline Adelin	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
a e de la	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Easton Md Oate 4/53 , 1936		
Van a louis	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER CAS. Capton Dod.	If so, specify \(\int \mathcal{I} \)	
11/20 21 50 91 710.	(Signed) Welliam D. Seymour	_ M. D.
20. FILED 4/2 2 , 190 Co	(Address) Easton ma	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	To the state of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE OF MARYLAND	CERTIFICATE OF DEATH 4330		
	1. PLACE OF DEATH	93-60		
1	County falls	Registration Dist. No. 2 90		
	Village or City Coston Rh # 7 111d.	No. " St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
	Length of residence in city or town where death occurred			
	2. FULL NAME Mary & DO	will		
	(a) Residence: No Shape Captor Rh	St. Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purice the word)	21. DATE OF DEATH (Month) (Oay) (Year)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dank Russel	22. HEREBY CERTIFY, The lettended deceased from		
	C DATE OF DIRTH (month day and was) TOO as a line of 1	Hast saw been alive on 4/24 1936; death is said		
certificate	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days I LESS man I department of the control of the	to heve occurred on the date stated above, at 2.250 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
of cer	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Myreauditio 13/3		
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
instructions on	10. Date deceased last worked at this occupation (month and year)			
tior	12, BIRTHPLACE (city or town). Cordova D	Other Contributory Causes of Importance:		
ruc	(State or country) Maryland			
nst	13. NAME Matteau Nowho			
See	14. BIRTHPLACE (city or town) Loadough	Name of operation Oete of		
	(State of country)	What test confirmed diegnosis? Was there an autopsy?		
important.	15. MAIDEN NAME MANCH DOWN	23. If death was due to external ceuses (VIOLENCE) fill in also the following:		
orts	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19		
up	(State or country)	Where did Injury occur? (Specify city or town, county and State)		
	17. INFORMANT / MANUAL MEDITAL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
v is very	18. BURIAL, CREMATION, OR COMOVAL Place Marial & College le 128 28, 19 3	Manner of injury		
TION	19. UNDERTAKER A PULLYARIUM (Addiess)	Was disease or injury in any way related to occupation of deceased?		
	20. FILED 4-24, 19.36 27-A: Nevine Registrar.	(Signed) Haysma J. J. M. O. (Address) Hay for M. O.		
	If more blanks are needed address State Registrary	24xx N. Charles Street Baltimare Paguesting 71 S. No.		

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	Example I	1000		Example II	
The principal cause of of importance were as	follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis ,		1921	Run over by street car	1 week ago
Cerebral hemorrhage		v. 5	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year
					The Latest

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		93-0 4 4331
· County Julion		Registration Dist. No.
Village or City Mean In	eppe Md	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deal	th occurred 2-0 yrs. V mo	s. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sillie Wia	y Green	If U.S. Veteran specify WAR.
(a) Residence: No.	Trans	St. Ward.
(a) Notice No.	(Usual place of abode)	If nonresident give city or town and Slate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Colored	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Abril 9, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	reen	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	151611	I last saw here alive on Affinis 9 1926: death is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above at E m.
24 5	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, p ofession, or particular kind of work done, as SPINNER, Ko-SAWYER, BODKKEEPER, etc.	•/	were es follows Date of onjet Mysewhiten 1919- 131
9. Industry or business In which		
work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this	
7-01.	oc:upation	Dther Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	700	
13. NAME Jas & Eas 14. BIRTHPLACE (city or town)	73	
(Stete or country)	TA CO	Name of operation Date of
	7	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME Wegun	ragies	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	den co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	_	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT BOOW GOL	lon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	relle	
MAIAN 2 ~ / / . 1///	Oate A See 11 1936	Manner of injury
111	00104.7.700	Nature of injury
19. UNDERTAKER Marine & Mer	main thom	24. Was disease or injury in any way related to occupation of deceased?
(Address)	7 feed	If so, specify
20. FILED. Why 10', 1936 Jane	Lactor Registrar.	(Signed) Laston M.D. (Address) Laston M.D.
If more blan	iks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
· ,	1. PLACE OF DEATH	23 De Web 6
should of OCC	County Jawaj	Registration Dist. No. 2 90
sho of O	Village Dr City (16	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredmos	ds. How long In U.S. if of foreign birth?yrsmosds.
CC.D. Every PHYSICIANS lct statement	2. FULL NAME Percy Harry Man. (a) Residence: No. West of Eastern Md.	St., Ward.
et s	(Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC. PH Exact	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E P	Male Colored OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	(Month) (Day) (Year)
RMANEN X A C T L classified.	HUSBAND of HUSBAND of Christian	22. I HEREBY CERTIFY. That I attended deceased from
PERMA EXA ly class ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on afficient 19, 1936; death is said to have occurred on the date state debove, at 6/50 m.
IS A PEl stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
HIS I be s be p	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Jubisculosis 1/1/3,
K—T lould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 4 5 1	Date deceased last worked at this occupation (month end spent in this	
NFADING IN Poplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town)	Dther Contributory Cances of importance:
UNFAI supplied. n terms, ee instru	(State or country) Walled Col Wed	
sul sul in the See	13. NAME Garriel Herry 14. BIRTHPLACE (city or town) Editors (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ulliy pla	15. MAIDEN NAME Mary & Bedless	23. If death was due to external causes (VIOLENCE) fill in also tha following:
Y, WITH carefully [H in pla ortant.	15. MAIDEN NAME Many & Sedford 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
be calling the man	E (State or country) Wary	Where did Injury occur? (Specify city or town, county and State)
E PLAINLY, WI should be careful OF DEATH in p	17. INFORMANT ally Davidant	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
TE P 1 sho 1E OI is ve	18. BURIAL, CRPITATION, OR REMOVAL Place Currier Und Date Offer 23,9 30	Menner of injury
-WRITE PLAINEY, WIT mation should be carefull CAUSE OF DEATH in pl TION is very important.	19. UNDERTAKED ILLE W Upleur	Neture of injury
B	20. FILED. 4-20 1936 M. 31. Merries	If so, specify (Signed) - Augustand A. M. I
z (T)	Registrar. If more blanks are needed, address State Registrar.	(Address) (A.O. V.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
Employees was supplied that the party of the			2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	MAY 5 1020	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	RUP AU V. S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION IS VELY IMPORTANCE. See Instructions on Dack of Certificale.
MA	c carefully supp	portant. See II
	WRITE PLAN mation should by CAUSE OF DEA	TION IS VELY IN

N. B.—WRITE

1. PLACE OF DE	STATE O	F MAR	YLAND-	CERTIFICATE	OF DEA	TH 4	334
County	Tallo	t		(43-6)	Registration	Dist. No. 2 9	1
Village or City	litts	nan	/	NoNo		St.	Ward
Length of residence in	city or town whare de	eath occurrad			if of foreign birth?		
2. FULL NAME	Lavi	nia	/terps	er House Vetoral	pecify WAR D	ear to	war
(a) Residence: No.	list	(Usual place	of abode)	St., Ward	If nonresident	give city or town and	J State
	ND STATISTIC	CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
Female)	blite	OR DIVORCE	RIED, WIDOWED, D(write the word)	21. DATE OF DEATH	(Month)	// (Day)	, 1936 (Year)
5a. If married, widowed, or d HUSBAND of (or) WIFE of	ivorced euben	Kerp	eer	22. I HEREE	BY CERTIF	Y., That I attanded	daceased trom
6. DATE OF BIRTH (month,	day, and year) Th	ov. 1,	1864	I last saw h	2p/1	1935	.; daath is said
7. AGE Yaars	Months 6	Days 10	It LESS than 1 day,hrs. ormin,	to have occurred on the date st The PRINCIPAL CAUSE OF DE were as tollows:		L.m. es of Importance	
8. Trade, profession, or kind of work dor SAWYER, BOOKK	particular la, as SPINNER, EEPER, etc.	Home o	work	Chroni	e huggen	. Lin	Date et enset
9. Industry or business work was done, a SAW MILL, BANI 10. Date decempation (in which is SILK MILL,	un lts					-
10. Date deceased last this occupation (1 yaar)	vorkad at nonth and	11. Total ti spar octu	me (years) of In this opation				-
12. BIRTHPLACE (city or tow (State or country)	m)	Most	Cls	Other Contributory Causes of In	A	discour	7200
13. NAME	use 1	Zunk	2ll				
13. NAME 14. BIRTHPLACE (city-or	town)	llot	Ceo	Name of operation.		Dete ot	
(State of country			md	What test confirmed diagnosis?		Was there an	au'opsy?
15. MAIDEN NAME	usan 1	fudd	away	23. It death was dua to external	causes (VIOLENCE) fill	in elso the following	g:
16. BIRTHPLACE (city-en (State or country		allot	Les mid	Accidant, suicide, or homicide?. Whare did injury occur?		Date of Injury	, 19
17. INFORMANT 749	ston /-	arpl	I Balto	Specity whether injury occurred	(Specify city or d in INDUSTRY, in HO	town, county and Stat ME, or In PUBLIC PL	ACE.
18. BURIAL, BREMATION, OF Place St. m	REMOVAL	. Date Office	L 13,1936	Manner of Injury			
19. UNDERTAKER	el. mi	maron	hall	24. Was disease or injury in any	y way related to occupa	tion of deceasad?	Lo.
20. FILED Afril 12	, 1936 John	Hur	valea Registrar.	(Signed)(Address)	Wellen	Settle	7M. D.
	7.6 11	1	11 0 5			7	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4335
County Village of City Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH List sew h. Americal widowed, or divorced (Woonth) (Wonth) (Pasy) (Yes 22. Length of residence in city or town and State Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH List sew h. Americal widowed, or divorced in the more city or town and State Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH List sew h. Americal widowed, or divorced in the more city or town and State Length of residence in the word. Length of residence in the second of the word. Length of residence in the word. Length of residence in the word. Length of residence in the second of the word. Length of residence in the wor	ACE OF DEATH	(130)
Village of City Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number? Length of residence in city or town where death occurred. Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number? Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number? Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number? Length of residence in city of foreign length? Length of course in cit	ounty Valls	
Length of residence in city or town where death occurred	Hapo of City Laston Ind	NoStWard
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (winte the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winte the word) 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPFER, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Coetributery Causes of importance: Other Coetributery Causes of importance:		
(a) Residence: No. (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day,		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 9. Industry or business in which worked at this occupation (month and year) 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Costributery Causes of importance: 12. BIRTHPLACE (city or town) Other Costributery Causes of importance:	LL NAME Claud of en Manst	If U.S. Veteran specify WAR.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work at this occupation (month and year) 10. Oate deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Coutribulery Causes of importance: Other Coutribulery Causes of importance:		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO or (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decassed lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month) (Day) 12. BIRTHPLACE (city or town) Other Coutributery Causes of importance:		
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Coutributery Causes of importance:		21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY, That I attended deceased for widowed, or divorced HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY, That I attended deceased to have occurred on the date stated above, et 2 10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPER, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation (month and year) Other Coutributory Causes of importance:	OR DIVORCED (write the word)	4 7 , 193 6
HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFPER, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Coutributery Causes of importance:	ried, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Coutributery Causes of importance:	BANO of	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Deys If LESS than 1 dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) Other Contributory Causes of importance:		19 0 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. Trade, profession, or particular were as follows: 14. Trade, profession, or particular were as follows: 15. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 16. Date of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 17. Other Principal Cause of Death and related causes of importance were as follows: 18. Trade, profession, or particular were as follows: 19. Other Principal Cause of importance were as follows: 10. Other Coutributery Causes of importance:	or bikin (month, dey, and year)	1 2 2 2
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Or min. were as follows: Oate of Data of D		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) Other Contributory Causes of importance:		were as follows:
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Other Contributory Causes of importance:	rade, profession, or particular	
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Other Contributory Causes of importance:		Cutt // eppiles Spiles
year) occupation Other Contributory Causes of importance:	work was done, as SILK MILL.	
year) occupation Other Contributory Causes of importance:		with Themsel
Other Costributory Causes of importance:	this occupation (month and spant in this	
	1	Other Coutributery Causes of importance:
II 13. NAME Heaving) Markale	7. 1 11/1 // 00	
Ε	/-)
14. BIRTHPLACE (city or town) Date of Name of operation Name of operation Date of Name of operation		
what test committee diagnosis: tras there all autopsy:	9 1112	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (State or country)	ATUEN NAME	
Accident, suicide, or homicide?		Accident, suicide, or homicide?
(Specify city or town, county and State)	(State of country)	(Specify city or town, county and State)
17. INFORMANT taus (D) / March all Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury		•
8-1-4-1-14	5 + 4 1 11/9 11	
The state of injury	7	
19. UNDERTAKER 24. Wes disease or injury in any way related to occupation of deceased?		
Address) Saston Mag	Address) Jaston Mig	1. 1/1/1/2 /
60. FILEO 4/8 1936 / TV / Persie (Signed) (To B) (Sunday)	4/8 1936 / JV / Jerry	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Registrar	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and approximate description of the second se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(S) (W-F) 2D
County Jalvate 1	Registration Dist. No. 290
Village or City (16 CIF	No. UNUTUALITY TO St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULK NAME MW. WITHOUTH MARCHO	If U.S. Veteran specify WAR
Residence: No. Dittelau . Will.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(inglitin) (baj) (rear)
(or) WIFE of Bennie Marcho	22. HEREBY CERTIFY. That I attended deceased from
1880 11 15	19.00 10 10 10 10 10 19.00
6. DATE OF BIRTH (month, dey, and yeer)	i last sew'h N alive on WIII 1750 1970; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
*Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	1
	(arelisonia)
work wes done, as SILK MILL, OWN HUME	Coucres
0 10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) ALLIGANY	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Olietre stone Lover Man
	o or areas families
= 1	Chaloen John total
14. BIRTHPLACE (city or town)	Name of operation working Date of 7/13,7
	What test confirmed diegnosis? Was there an adopsy? ALD
Ξ	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SUMME THE CINO.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date , 19	Nature of injury
19. UNDERTAKER WWW TO DE 19-00	24. Was disease or injury in any way related to occupation of deceased?
(Address) D. A.	if so, specify
10 000 1/1 - 1000 100 100 100 100 100 100 100 100	(Signed) M. n. Falmer, M.D.
20. FILED 44 1 Registrar.	(Address) Caston Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

1200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAY 5 1936	Date of onset	The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	L PITTE
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNOERTAKER

(Address)

of OCCUPA-

	OF DEATH		82-0 X	2 6
County			Registration Dist. No.	1.0
Village	or city Easton	(If	NoSt., death occurred in a horpital or institution, give its NAME instead of street and	number)
Length	residence in city or town where d	0	ds. How long in U.S. if of foreign blrth?yrsn	
2. FULL	NAME SeWell	Morris Pilchan	If U.S. Veteran specify WAR. Way. Id. Way.	
(a) Res	sidence: No. america	Legion Home E	aston mword.	
		(Usual place of abode)	. If nonresident give city or town an	d State
	ONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE	or DIVORCED (write the word)	21. DATE OF DEATH (PY) (Oay)	_, 193_6 (Year)
a. If married, v HUSBANO (or) WIFE	widowed on divorced of Louise Gre	uly Pelchard	22. I HEREBY CERTIFY, That I attended	deceased from
. DATE OF BII	RTH (month, day, end year) Years Months	Oays If LESS than	I last saw h alive on 4 - 1 2 - , 19 3 6 to heve occurred on the date stated above, at 9 3 6 m.	£; death is said
40	7 10	16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
kind SAV	profession, or particular d of work done, as SPINNER, WYER, BOOKKEEPER, etc	hysician	Cerebral Hemmshage	4-4-3
wor wor	y or business in which k wes done, as SILK MILL, W MILL, BANK, etc			
this	eceased last worked at seccupation (month and r)	11. Total time (yeers) spent in this occupation		
	CE (city or town). Trank	ford	Other Contributory Causes of importance:	
1	r country)	2	- Hy fertenion	6 mont
13. NAME	Mer. S. 11. File	hord		
CSt:	PLACE (city or town)	nd.	Name of operation Date of Whet test confirmed diagnosis? Comment Was there an	autopsy? 1
15. MAIOEI	71:	lkinson	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHE	PLACE (city or town)	md.	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT		ven	(Specify city or town, county and St Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC P	
	EMATION, OR REMOVAL		Manner of injury	
10 UNOFFITAKI	E-110161	(24. Was disease or injury in any way related to occupation of deceased?	no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	36 4 4000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAitem of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEAT
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1	2	1)	
3	U	U	8

1. PLACE OF DEATH	(82-a) V
County & albot	Registration Dist. No. 21/
Village or City S. P. Michaels	No. St., Ward
1/2	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Simpson M Powell	in Towns
(a) Residence: No. St. Anichards (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thate	21. DATE OF DEATH 22 , 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Elizabeth Whyte	22. Of 1 HEREBY CERTIFY, that I attended deceased from 1936, to Of 2 2, 1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I lest saw h 1111 alive on 1911 1, 1936, death is said
86 1 day,hrs.	to have occurred on the date slated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
101	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, wholesale merchant SAWYER, BOOKKEEPER, etc wholesale merchant	Here to Decia sich
I Industry or business in which are James Accounted	The 12
work was done, as SILK MILL, SAW MILL, BANK, etc	Prince Control of
11. Total time (yeers) this occupation (month and 1906 11. Total time (yeers) spant in this year) 12. Total time (yeers) spant in this occupation	dwaten: ten doya. Civil R
	Other Contributory Canses of importance:
12. BIRTHPLACE (cily or town) (State or country)	Demil I
0,	- Orman
E	
44. BIRTHPLACE (cily or town) (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an au'opsy? \(\textstyle \)
15. MAIDEN NAME Muyea Sampson 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (cily or town) (Stete or country)	Accident, suicide, or homicide?
The So of D	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The cliquelet formell (Address) St. Thichaele mil	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place of michaele Date lyne 25, 1936	Neture of Injury
19 UNDERTAKER Newmann & Farmion	24. Was disease or injury in any way related to occupation of deceesed?
(Address) St. michaely Ind.	If so, specify
20. FILED april 24, 19 36 John Hwarales	(Signed) M.D.
Local Registrar.	(Address) SX Muchaels I Md.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2005	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis have been seen as a seen a	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	12.14
Gallstones		May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	946	
County Salbot	Registration Dist. No. 290	
Village or City Mear Easton Trud	No. " St., We death occurred in a horpital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME CALLES Edward Prece	If U.S. Veteran specify WAR.	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	_
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
OR DIVORCED (write the word)	4 26 ,193 6	
5a. If married, widowed, or divorced	(Month) (Dey) (Year))
HUSBAND of Clara & Price	22. HEREBY CERTIFY, That I attended decreased f	from
6. DATE OF BIRTH (month, day, end yeer) 2/9/43	I lest sew h elive on 4-7-6-, 19-3-6, deeth is	seld
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at \$30.4, m.	
63 2 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:	
8. Trede, profession, or particular	were es rollows:	1801
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary Thronbon 4-2	0-36
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.		
0 10. Oate deceased last worked et 11. Total time (years)		
this occupetion (month end year) spent in this occupetion for updates		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(Stete or country) Haryland		
13. NAME Alexander Price		
13. NAME Alegandan Price 14. BIRTHPLACE (city or town)	Neme of operation 2000 Oete of	
(Stete or country)	What test confirmed diagnosis? Thypical 37 an Was there en eulopsy?	0
15. MAIDEN NAME Marker & levels	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Startles & Loreston 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?	
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Lara E Line (Address) East- had	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Laston Hed Oate 4/28 , 1936	Neture of injury	
19 UNDERTAKER ALLENO a Spence.	24. Wes disease or injury in eny way related to occupation of deceesed? 200	
(Appless) Easton Mid	If so, specify 7	
20, FILEO 4/27 186 MY Merries	(Signed)	M. D.
Registrar.	(Address) Saston h	rot

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 MAY 5 7020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- Lorent III

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	00				
4	. 1	18	1	1	
-16	U	7	4	7	

1. PLACE OF DEATH	•	-23	
County Jalbor	Λ	Registration Dist. No. 24	
Village or City Brucer	the suppe or	de (o)	Wa
Length of residence in city or town where the		If death occurred in a hospital or institution, give its NAME instead of street and nu is	
2. FULL NAME GRONGE	Anudard		*
A A	'all a nel	If U.S. Veteran specify WAR.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1.
male while	married	(Month) (Day)	193 (Q
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of	7,	22. HEREBY CERTIFY, That attended of	eased 1
narie d.	Henning	april 13th, 193/_ 10 april 17	195
S. DATE OF BIRTH (month, day, and year)	b. 11, 1892	I last saw views alive on now 1935;	death is
. AGE Years Months	Days If LESS than I day,hrs	to have occurred on the date stated above, at 4	
44 2	6 or min.	wera an follows:	Dataofo
8. Trade, p ofession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	laborer	Juliwary Tuberculoses	193
9. Industry or business in which	Λ .	4	
work was done, as SILK MILL, SAW MILL, BANK, etc.	eneral.		
10. Date deceased last worked at this occupation (month and year)	35 occupation 304		
4.01.	Le Ca Cash	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)(State or country)	r co., Ina	,	
13. NAME Theodore	Landero.		
14. BIRTHPLACE (city or town)	bot Co.	Name of operation Date of	
(Stata or country)	md.	What test confirmed diagnosis? Was there an au	onsy?
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. BIRTHPLACE (city or town)	Olbot Co,	Accident, suicide, or homicide? Date of injury	, 19
(State or coun'ry)	md.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT / M. Glorge	. W. Sauder	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	pe, ma.	Manner of injury	
Place Windy Jull	Data 4/19 19.3		
19. UNDERTAKER Maurice E.	Mary must be	24. Was disease or injury in any way related to occupation of deceased?	no
(Address)	a mil.	If so, specify A	- V-64
20. FILED alm 19 1936 Jores	latord	(Signed) Tillegun Deymon	1/ 1
	Local Registrar.	(Address) Import Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NAV 2 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	infor-	state	UPA-
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	y it	CO	t o
	. Ever	ICIAN	atemen
	E	IYS	st
	RECC	. PH	Exact
rh	HZ	LY	÷
MARGIN RESERVED FOR BINDING	MANE	ACT	assified
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~	I P	pa	erly
FO	IS	state	prop
Q	HIS	pe	pe
ERVI	K-T	plnod	t may
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	CAL	ld l	DE
	P	hou	OF
	ITE	S uc	SE
e.	-WR	mati	CAU

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	4

	1. PLACE OF DEATH	18
1	County Valbot	Registration Dist. No. 291
1	Village or City Noyal Oak	NoSt.,Ward
V		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 30 yrs. mos. ds.
	2. FULL NAME QUEY a SEYMON	V me Louver.
	(a) Residence; No. Royal Oak	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
37	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wedowe	21. DATE OF DEATH Office 1 19336.
5a	HUSBAND of (or) WIFE of Seymour	22. ALI HERERY CERTIFY. That I attended deceased from
e. 6.	DATE OF BERTH (month, dey, and year) after 16, 1860	I last saw h_er alive on Ofu 11, 19.36; deeth is said
7.	AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
certificate	OT Trade profession as particular	were as follows:
NOI NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Re Luced SAWYER, BOOKKEEPER, etc.	Lobas meumonia
on back	Industry or business in which work wes done, es SILK MILL, Own home	apr. S
s on	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
Instructions HER 12	2. Berthplace (city or town) Chatham Ontario (State or country) Canada	Other Contributory Canses of Importance:
nstr ER		S may
See III		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Zo
ER ER	15. MAIDEN NAME Chur Thornton	23. If death was due to externel causes (VIOLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	7. INFORMANT MB. Geo a Seymour Ja (Address) St. Inchaels	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
13	8. BURIAL, CREMATION, OR REMOVAL PIECE CARTON Date 13 th 1936	Manner of injury
rion 13	9. UNDERTAKER James a Spence	24. Was disease or injury in any way related to occupation of deceased? 200
20	O. FILED april A1, 1936 John Humales	(Signed) J. H. Hofee M.D. (Address) St. Michaele, Md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECTIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1936	July 5,1927	Peritonitis	3 days ago
	BUDGAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _____

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deeeased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1026	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	4343	
County Talkat	Registration Dist. No. 2 90)
Village or City Gaston	No. Come paeue i Korpital si	Ward
length of restrence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and numbe	(3)
JT 111 7.11		ds.
60	17 4 -	******
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193	6 Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceas	
6. DATE OF BIRTH (month, day, and year) 4-24-36		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	11 15 5010
Otel - for 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:	4
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 5 like on due to. Date	ofonset
SAWYER, BOOKKEEPER, etc	I hacenta l'reva 4	. 27-9
work was done as SHK MIII		
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Commercial Application (State or country)	Other Cautributary Causes of Importence:	
13. NAME Siah julytiman		
14. BIRTHPLACE (city or town) Community	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an au'opsy	1?
15. MAIDEN NAME MAggis Wills 16. BIRTHPLACE (city or town) Clubbackly	23. If death was due to external causas (VIOL ENCE) fill in also the following:	
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	9
17. INFORMANT Magnet Tilghunge	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place REMATER Date 424 136	Manner of injury	
19. UNDERTAKER - LUCY GALLEY COSPITAL	24. Was disease or injury in eny way related to occupation of daceased?	2
20. FILED 4/24, 1936 77. H. Merries Registrar.	(Signad) 3 sattor Must	/M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 5	936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU.	V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory can	ses of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year	
			1		

ADDITIONAL	SI ACE POR	FURTILLE STA	TEMENTS DI I	HISIOIAN

	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	MANENT RECO	ACTLY. PHY	assified. Exact	
MARGIN RESERVED FOR BINDING	HIS IS A PERI	be stated EX	be properly cl	of certificate.
IN RESERVI	DING INK-T	l. AGE should	so that it may	uctions on back
MARG	WITH UNFA	refully supplied	in plain terms,	ant. See instri
0	RITE PLAINLY,	on should be ca	ISE OF DEATH	TION is very important. See instructions on back of certificate.
. No. 1	B.—WI	mati	CAL	TIO

	MARYLAND—	CERTIFICATE OF DEATH 4344
1. PLACE OF DEATH County Jalbot		(59)
Village or City landoral Ma	//	Registration Dist. No. 293.
Village of City — Georgia you		NoSt.,W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occur. 2. FULL NAME Leatherine	orredyrsmos	ds. How long In U.S. if of foraign birth?yrsmos
(a) Residence: No. (Ua	ual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. Cel. ORD	LE, MARRIED, WIDOWED, DIVORCED (write tha word)	21. DATE OF DEATH April 6- (Marth) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) 4 -	-4-36,	I last saw h elive on 19 daath is
- 1.0-	Pays If LESS than 1 dey,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wara as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Premature, Buth
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	I. Total time (years) spent in this occupation	(No physician in attendance)
12. BIRTHPLACE (city or town) — Mrd (Stata or country)	occupation	Dthar Contributory Causes of Importanca:
13. NAME Hugh Hilson	~	
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)	mer.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Kulis 16. BIRTHPLACE (city or town) (Stata or country)	mec .	23. If daath was dua to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	andow. Md,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Placa Old Cahapel Data	4/7-,1936.	Manner of injury
19. UNDERTAKER High Milkon- (Addrass) Cordon	father (19nd.	24. Was disease or Injury In any way related to occupation of daceased?
20. FILED 4/7 - , 19 36. J. L.	Bardur Registrar.	(Signad) G. L. Sardner, Local Registrar (Address) Cordova, Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			44

)	NFADING INK-THIS IS A PERMANENT RECOMO. Every item of infor-	plied. AGE should be stated EXACTLY. PHYSICIANS should state	rms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECOND.	. PHYSIC	Exact state	
NDING	RMANENT	XACTLY	classified.	
FOR BI	IS A PE	stated E	properly	certificate
ED	HIS	pe	pe	of
RGIN RESERVED FOR BINDING	IG INK-T	AGE should	that it may	nstructions on back of certificate.
RGIN	VFADIN	plied. A	rms, so	netructio

1. PLACE OF DEATH	8:0 X	,
County Tallet	Registration Dist. No. 4	0
Village or City Santan	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	War
	ds. How long in U.S. If of foreign birth?mo	
2. FULL NAME Charles T. Win Etam	If U.S. Veteran specify WAR.	
Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Males White OR DIVORCED (write the word)	april (Month) (Day)	, 193 <u>(a</u> (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY, That i attended of	Jeceasad from
DATE OF BIRTH (month, day, and year)	1 hestsaw heirer alive on Cym 12, 1936	; death is se
AGE Years Months Days If LESS than	to heve occurred on the dete stated above atm.	
85 _ 8 _ 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:	Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cerebral apopley	mor5
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		
10. Dete deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation	Dther Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) Bay Hundred Talbet Co.	CIPALLY 5 OR LLICO	3
13. NAME Town ais Q Waiklam	proces (vectors)	
14. BIRTHPLACE (city or town) De bounded Disloid (State or country) Allist Round	Neme of operation Data of A. What test confirmed diagnosis? Play?	74
	23. If death wes due to externel causes (VIDLENCE) fill in elso the following	
15. MAIDEN NAME Ellen Craham 16. BIRTHPLACE (city or town) Bay Mundord Windrid (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT + Hall winger	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	ACE.
(Address) Gasha M. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Easton And Date april 15, 1936	Neture of injury	
19. UNDERTAKER A Spence (Address)	24. Was disease or injury in any way ralated to occupation of deceased?	0
20. FILED 1/14 1936 The Registrar.	(Signad) Wellraus / Nummer	M.

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
			20 m Vi

ADDITIONAL	SPACE FOR FURTHE	ER STATEMENTS BY P	HYSICIAN	